

For Official Use Day

5 Position in labor organization

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULI	Y BEFORE PREPARING THIS REPORT	
1 File Number U [9009]	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name CLIFFORD B MAY JR	Name PLUMBERS & PIPEFITTERS LOCAL UNION NO 123	
	Labor Organization File Number 541-169	
P O Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 4923 WEST CYPRESS STREET	Street 4923 WEST CYPRESS STREET	
City TAMPA	City TAMPA	
State Florida ZIP Code + 4 33607	State Florida ZIP Code + 4 33607	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name [
Trade Name if any		
PO Box Bldg Room No If any		
	7 b Amount.	
Street		
City		
State ZIP Code + 4		

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

affect & May Go

EMPLOYEE - DISPATCHER

On 8-5-05

Date

813- 636-012-3 Telephone Number (% 3

Name of Person Filling CLIFFORD MAY JR	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name OPPENHEIMER CAPITAL MANAGEMENT Trade Name if any P O Box Bldg Room No if any Street 1345 AVE OF THE AMERICAS City NEW YORK State New York ZIP Code + 4 10105	9 Business deals with a Labor Organization Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name PLUMBERS & PIPEFITTERS LOCAL NO 123 Trade Name if any PENSION FUND PO Box Bidg Room No if any	11 a Nature of such dealing INVESTMENT MANAGER		
Street 8875 LIBERTY RIDGE DR City JACKSONVILLE State Florida ZIP Code + 4 32256	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received DINNER ON 10/20/04	\$23 300	
	12 b Amount	\$100	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	er parts A and B above) or other thing of value 14 a Nature of payment		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.		